

RECEIVED
CENTRAL FAX CENTER

JUN 27 2005

VIKSINIS HARRIS & PADYS PLLPSuite 870 • 7900 International Drive
Bloomington MN 55425 • 952-876-4090
Facsimile 952-876-4098**FACSIMILE TRANSMISSION**

TO: Commissioner for Patents

FROM: Robert J. Harris

FAX NUMBER: (703)872-9306

DATE: June 27, 2005

Number of total pages including this cover page 3

Applicant: Robert J. Linhardt

Art Unit: 1614

Serial No.: 10/786,613

Examiner: Unknown

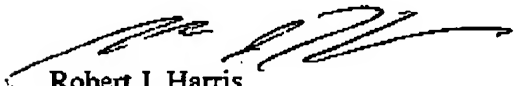
Filed: 02/23/2004

Atty Dkt No.: 17023.059US1

Title: ANTITUMOR INHIBITORS AND USE THEREOF

Attached is a Change of Correspondence Address Form PTO/SB/122 and Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form PTO/SB/182 for the above referenced case.

Respectfully submitted,


Robert J. Harris
Reg. No. 37,346

**** NOTE: This facsimile is intended for the addressee only and may contain privileged or confidential information. If you have received this facsimile in error, please immediately call us collect at (952)876-4092 to arrange for its return. Thank you. ****

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0551-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCACTION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/786,613
Filing Date	02/23/2004
First Named Inventor	Robert J. Linhardt
Art Unit	1814
Examiner Name	Unknown
Attorney Docket Number	17023.059US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

53137

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

53137

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

W. Bruce Wheaton (Executive Director & Secretary)

Date

Telephone

319-335-4549

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.